

CERTIFICATION OF HOSPITAL RECORDS

44103

PATIE	SNT.	NAME:	Joseph	Coxon
CASE	NO:	9		

4608 St. Clair Ave.

Cleveland, Ohio

Cefaratti Record Retrieval

TO:

Lake West Hospital 36000 Euclid Ave. Willoughby, OH 44094-4662 (440) 953-9600

Lake East Hospital 10 East Washington St. Painesville, OH 44077-3472 (440) 354-2400

Mentor Medical Campus 9485 Mentor Ave. Mentor. OH 44060-4554 (440) 974-6800

Madison Medical Campus 6270 N. Ridge Rd. Madison. OH 44057-2581 (440) 428-6800

Chardon Medical Campus 510 Fifth Avenue Chardon, OH 44024 (440) 286-8908

Rehabilitation and Wellness 6000 Heisley Rd. Mentor, OH

Mentor, OH 44060-1836 (440) 352-1200

Home Health 10 East Washington St. Painesville, OH 44077-3472 (440) 639-0900

Tyler Boulevard 7956 Tyler Blvd. Ment or. OH 4406O-4806 (440) 255-6400

Willo wick 30498 Lake Shore Bivd. Willowick, OH 44095-4623 (440) 585-3322

www. LHS.net

I, Maureen Smith, hereby certify that I am the custodian of Medical Records at Lake Hospital Systems, Inc. WEST, and I further certify that the attached records are true and accurate copies of the original records of Joseph Coxon, a patient at Lake West Hospital. I further certify that these records were made at the times indicated on these records by the personnel indicated on these records for the time period 12/05/01 to 09/03/04, and that these records were made and kept in the usual course of business at this hospital.

02/24/09 DATE

SUPERVISOR OF MEDICAL RECORDS

State of Ohio

County of Lake)

Subscribed to and sworn before me on this of

, 2009.

(SEAL)

DEBORAH K. RYDZINSKI Notary Public, State of Ohio My Commission Expires May 19, 2009 Recorded in Lake County 09/02 . 1943

LAKE HOSPITAL SYSTEM, INC Admission Summary

Admit Dt: 09/02/04 Room-Ead: Dschrgd

Admit Time: 16:35 Acct #: 0424600967 Unit #: 936243 Loc: WIL Service: MED

Cell Phone: Patient: COXON, JOSEPH

City: WILLOUGHBY HILLS State: OH Zip: 44094 Street: 2260 PAR LANE Age 28Y SSN: 302-74-3160 Telephone: (440)487-1553 Birthdate: 10/11/75

CATHOLIC Sex: M Marital: S Church:

Phone Msg: Directory: Y-INCLUDE FAC DIR Race: 1 Adm Source: 7 Adm Type: 1

Organ Donor: Y Adv Dir: NONE

Employer: 00428 KIRTLAND BD.OF EDUC 9152 CHILLICOTHE RD KIRTLAND Adm Dx: EVAL

PC Phy:

Adm Phy: 1390 SMITH, ROBERT P Att Phy: 1390 SMITH, ROBERT P ER Phy: 1390 SMITH, ROBERT I Adm Com: 1390 SMITH, ROBERT P

Sur Dx:

Accident Information: Accident Type:

Relationship: PARENT Relative Name: COXON, CONNIE

Ext: Cell Phone: Work Phone: Home Phone: (440)593-3063

Relationship: Relative Name:

Cell Phone: Home Phone: Work Phone:

Relationship: PATIENT IS INSURED

Primary Insured: COXON, JOSEPH Guar Cell Phone:

Birthdate: 10/11/75 Street: 2260 PAR LANE City: WILLOUGHBY HILLS St: OH Zip: 44094 Telephone: (440)487-1553 SSN: 302-74-3160 Empl Phone: (440)256-3314

9152 CHILLICOTHE RD KIRTLAND OH 44094 Employer: 00428 KIRTLAND BD.OF EDUC

Primary Insurance: 399010 COUNTY CONTRACTS COUNTY CONTRACTS

Thru: MENTOR POLICE DEPARTMENT Cert/SSN:302743160 Group #:

Contact: Verifying Agency Name:

Cont Phone:

Mail To: MENTOR POLICE DEPARTMENT Auth #: St: OH Zip: 44060 City: MENTOR Street: 8500 CIVIC CENTER DR

Benefit Phone: (440)974-5760 Ext:

Relationship: Secondary Insured:

Birthdate:

St: Zip: City: Street:

Empl Phone: Telephone: SSN:

Employer:

Secondary Insurance:

Thru: Cert/SSN: Group #:

Contact: Verifying Agency Name:

Cont Phone:

Auth #: Mail To:

St: Zip: City: Street:

Ext: Benefit Phone:

Admitted By: AS Referring Phys: Previous Discharge Date: 09/02/04 18:40

Preadmitted By: AS Legal Disposition:

FC: MI Old MR#: Restriction: CRT ID: ERC

Privacy Notice: Yes Date: 09/02/04 ROI: Yes

Discharged To: IMP Discharge Date/Time: 09/02/04 18:40

Visit Check-In Areas: ' Discharge Dx:

WIL

END-OF-REPORT Corporate ID#: 00502828

LAKE HOSPITAL SYSTEM EMERGENCY DEPARTMENT PHYSICIAN ORDER SHEET

	RY MD/DO CLINIC		Roo	ADM DATE: 09/02/04 WER 26956.
DATE:	GIES: None		Dict	ation with this chart? YesNe
TIME ORDERED	PHYSICIAN ORDERS (CIRCLE)	SEC	NURSE	PHYSICIAN NOTES
711021120	Old Records Old X-Rays Old EKG's			Call to DrTime
	CBC w/Platelets & auto diff CBC w/Platelets, no diff			Paged again at
	PT/INR/PTT Na, K, Cl, CO ₂ Glucose Bun Creatinine		127	
	HCG Qualitative HCG Quantitive Succeeder BS		137	S
	Amylase Lipase BMP Hepatic Panel			
	Digoxin Level Theophylline Level BNP		Seux	0
,	ETOH Orine Toxicity CK Troponin T		SETOH	
	Blood C&S x Urine Dip ua Urine Culture	-	F-72/1	A
	Strep Screen (Rapid) Routine Strep Culture Mono		1100	
	Aerosol w/			P
	EKG ABG on% by RT MD/PA			
	cxr P-A & lat cxr PORT abd Series			Diagnostic Impressions:
	C-Spine Trauma C-Spine Routine CT Scan of US:			OTransient Alfered Mental
	without contrast with IV contrast with oral/IV contrast		•	Status - Probable Hypochycemi
	X-ray		6	Denne Had Aga Continue
	Reason:			3) EMESTORY Dematiles
	psych eval Restrain HRS			(and inchanty.
	Locked Soft Vest			
	O ₂ at Pulse OX on RA/O ₂ =%			
	Monitor Heplock/IV			Discharge Orders/Information
				Follow up Dr. in 2 days Return if symptoms get worse
				Rx prescribed Walet Chicoges.
				Care tull!
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Ok to use usual insulin
			S	wore Machine & Mainton
				liabetic diet.
				Released AMA LWBS Time Out (1)
				Refeased JAMA LWBS Time Out & U
			1	Observation:
····				Admitted to: Transferred to:
				Condition on Discharge/Transfer
				☐ Improved ☐ Unchanged ☐ Other
470.00				PA Signature
				Il Em

MD/DO Signature

0803-4750

LAKE HOSPITAL SYSTEM

ER REPORT

MR#:

936243

PAT NAME:

COXON, JOSEPH

LOC/PAT TYPE:

WER MED

DATE:

09/02/2004

ATT PHY:

ROBERT P. SMITH, M.D.

SER:

ADDENDUM: Please refer to the primary written record.

The pt was brought to the ED in the custody of local police department. He had been involved in a minor MVA and as the officers were investigating, he became agitated and the officers became involved in an altercation where in all parties ended up being pepper sprayed and having minor musculoskeletal injuries. When EMS arrived, they noted that he was alert, but agitated. The GLU was 138.

On arrival to the ED, it is noted that he is A&O x3. The skin of the face, neck, and upper chest is red and the conjunctivae are injected as is typical w/exposure to pepper spray. He had a small abrasion and swelling on the Rt side of the scalp. Pupils were 2 to 3 mm and reactive. The neck was supple. Lungs were clear. S1 and S2 present. Abd soft and nontender. It was noted that he was very muscular. He had a small abrasion on the Rt elbow and a bruise on the Rt upper arm. There were no signs of any fx's, so x-rays were not performed. His speech was clear. His mental status was coherent and polite.

He told me that after he had left school, that he taught social studies at the fourth grade level in a local community and that he had left school today and as he was driving he was feeling a little bit sick and he was trying to drink something. He did not recall being involved in an MVA, but the next thing he knew, there were men w/guns shouting at him and he believes that he was feeling very claustrophobic and he states that he probably lost control. He states that this has never happened to him before, although he has had an occ hypoglycemic episode. While he was in the ED, his blood sugars remained stable. He has been ambulatory. His alcohol level is 0, Tox screen is completely neg, and he is showing no abn neurologic nor psychologic nor abn psychiatric conditions.

DISCHARGE DIAGNOSES:

- 1. Transient altered mental status with behavior abnormality, most likely secondary to mild hypoglycemia.
- 2. Minor contusions to the head and right arm.
- 3. Pepper spray conjunctivitis and dermatitis.

Note, a call was placed to his primary and endocrinologist, Dr. Shehan, and I am told that he is not in the affice today.

DICT BY: ROBE P. SMITH, M.D.

26956/MedQ

D: 09/02/2004 18:25:45

T: 09/02/2004 18:54:36

Account #: 0424600967

CHART COPY

© 2000 T-System, Inc. Circle or ci	neck affirmatives, backslash (\) negatives	. Pt: COXON	JOSEPH
20	ake Hospital System	Acct:0424/ BD:10/11// Dr:ER,DOC ADM DATE:	000967 Unit #: 930243 % Sex: M
EMERGENCY PI	DM:EMS arriva	Distress- NAD Otherc-collar (PT	M Alert Lethargic Anxious Midmoderatesevere A / in ED)back-boardIVsplint
HX / EXAM LIMITED BY: HPI chief complaint: Injut occurred:	y to: MUTANE where:	HEADno evidence of traur NECK	wee floshed red from
just PTAtodayyesterday days PTA	homeschoolneighbor'scity parkworkstreet	non-tender painless ROM trachea midline	see diagramvertebral point-tendemess muscle spasm / decreased ROM pain on movement of neck
context: fists kicked pushed/thrown down struck with object(s):	choking _pushed/thrown against wall epper 7000	Abrosin	
location of pain/injuries: (pead) face mouth neck chest abdomen back upper mid- lower radiating to R/L thigh/leg	shidr hip shidr hip arm thigh elbow knee farm leg farm leg wrist ankle hand foot	EYES	_unequal pupils Rmm Lmm
severity of pain: mild moderate severe	associated symptoms: lost consciousness / dazed duration: remembers: impact coming to hospital seizure	PERRL _EOMI ENTnat external inspectionno dental injury	EOM entrapment / palsy tubconjunctival hemorrhage hemotympanum TM obscured by wax clotted nasal blood dental injury / malocclusion
ROS all systems neg excpt as markd	troubte breathing / chess pain nausea / vomiting loss of bladder function skin laceration a harasser recent fever / illness	RESP & CVS chest non-tender breath sounds nml beart sounds nml ABDOMEN non-tenderno organomegaly	see diagram (on reverse)decreased breath soundswheezing / ralessplinting / paradoxical movementssee diagram (on reverse)tenderness / guarding / reboundmass / organomegaly
SOCIAL HISTORYrecent PAST HISTORYnegative		GENITAL / RECTALnml genital examnml vaginal examnml rectal examheme negative stool NEURO / PSYCHbriented x3mood & affect	perineal hematoma blood at urethral meatus decreased rectal tone
Allergies- NKDA / see nurses		es-tested sensation & motor nml	unsteady / ataxic gaitsensory / motor deficit

		Pt: COXON, JOSEPH	
SKIN intact warm, dry BACK		Acct:0424600967 Unit #: 936243 BD:10/11/75 28Y Sex: M Dr:ER,DOCTOR ADM DATE: 09/02/04 WER	
no CVA tenderness no vertebral	vertebral point-tenderness CVA tenderness muscle spasm / limited ROM	× ~~~ ~	DIV E
tenderness EXTREMITIES atraumatic	see diagrambony point-tenderness		
pelvis stable bips non-tender no pedal edema	painful / unable to bear weight pute deficit Joint Exam: limited ROM / ligaments laxity / joint effusion		A.
	THE REPORT OF THE PROPERTY OF	T=Tenderness PtT=Point Tenderness S=Swelling E=Ecchymosis Lac=Laceration A=Abrasion B=Burn	
		(@=without m=mild mod=noderate sv=severe) Tsv = Tenderness on palpation (severe)	
XRAYS [inte	rp. by me Reviewed by me Discsd w/radiologist	PROGRESS: 1 Padmy not right ?	s true to take
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nml / NAD no fracture	reversal / straightening of cerv. lordosis	Guys wire gons " 1 felt ch	austosphobic"
nml alignment		See dictaled second.	
soft tissues nml			
CXR		A	
1	rib fracture		CRIT CARE- 30-74 min
nml / NAD	rib fractureinfiltrate / atelectasis	will see patient in: office / ED / hospital Counseled patient: family regarding:	CRIT CARE- 30-74 min 75-104 min min Prior records ordered
1	<u> </u>	will see patient in: office / ED / hospital Counseled patients family regarding: lab results diagnosis need for follow-up	75-104 min min Prior records ordered Additional history from:
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06



Lake Hospital System

EMERGENCY NURSING RECORD Multiple Trauma

TRIAGE TIME 1625 emergent (urgent non-urgent	FAL 2(_
NAME: JUSEPH COXON	3 (
DOB 10-11-75 AGE: 28 MY F	1(
HISTORIAN: _patient _paramedics _family	2(
ARRIVAL MODE:wheelchairEMSpolicewalk-in	11(
₹ .	l (Sco
PCP:none	300
IMMUNIZATIONS: current / not current / referral LAST TETANUS: 120 Known	TIME
1.7.1	INIT
TREATMENT PTAsee EMS reportcervical collar	GEN
_backboard	<u>1</u> 10
occurred just PTA WWW in the letter	ale
Couldn't cit Control of miself."	
lost consciousness all think it little nother	FUN
INJURIES Whole Rt Lt Clic "	api
head neck Occupational hip shoulder hip	Lind
face back arm thigh arm thigh	RES
nose chest elbow knee elbow knee mouth abdomen forearm leg forearm leg	_n6
coccyx wrist ankle wrist ankle	<u>-</u> nt
hand foot hand foot	avia
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	bu
PAIN LEVEL current 10 max 1/10	ski
MECHANISM fall GSW / stab wound	NEU
hit by wheelchairburn	vor
motorcycle / bicycleindustrial	PE
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SAFETYnonehelmetsafety glasseswalking at scene	HEE
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Allergic Reaction	A 100 50
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(Smoken / drugs /alcohol b) Par Weel ends	a grape
TB exposure / symptoms	ADE
has been physically hur or threatened by someone close	5
LMP G Paro AB pregnant / postmenopausal	
1)/\ / / /	
RN Signature K 13007UC/CV	Num

Pt: COXON, JOSEPH Acct:0424600967 Unit #: 936243 BD:10/11/75 28Y Sex: M Dr:ER, DOCTOR ADM DATE: 09/02/04 WER

Ty F	I () Impaired gait 2 () Agitation I () Difficulty getting to I () Dizziness / Vertigo Score greater than or equ TIME TO ROOM:	st 3 months / lack of safety awareness b bathroom in time ual to 2 required Fall Warning Interventions
72	GENERAL APPEARAN	cervical collar / back board in place
23 E1	_alert	mild / moderate / severe distressanxious / decreased LOC
Her Vic 4	FUNCTIONAL / NUTRIT _appears well nourished _uirdependent ADL	TONAL ASSESSMENT _obese / malnourished _assisted / total care
nigh nee g	RESPIRATORYno resp distress	mild / moderate / severe distress
nkle pot	nf breath snds	wheezing / crackles / stridor
	regular rate pulses strong	tachycardia / bradycardia / irregular _pulse deficit cool / diaphoretic
	_skin warm & dry NEURO	cool / diaphoretic pale / cyanotic
	Loriented x 3 UPERRL	disoriented to person / place / timeconfused
	HEENT	pupils unequal
Įbs/Kg	no evidence of trauma(nl eye inspection	scalp tendernessy/ laceration
r Ax	nl ENT inspection NECK / BACK	nasal / dental injury
	no evidence of trauma non-tender (laceration abrasion / swelling tenderness
	ABDOMENnt inspection	tenderness / guarding / rebound
	non-tender bowel sounds present EXTREMITIES	blood at urethral meatus
	no evidence of trauma non-tender	laceration (abrasion Bel Arms tenderness) swelling
	moves all extremities	limited ROM
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Multiple Trauma - 06

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Multiple Trauma - 06

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06



Lake Hospital System

EMERGENCY NURSING RECORD Multiple Trauma

TRIAG	E TIME	emerger	it urgent	non-urgent
NAME:_	1			
DOB		AG	E:	M/F
HISTOR	IAN:patie	ntparamedics _	family	
ARRIVAI	_MODE:w	heelchairEMS	police	walk-in
PCP:		surrent / not cu		none
IMMUNI	ZATIONS: c	urrent / not cu	rrent / refe	erral
LAST TE	TANUS:	1		
TREATM	IENT PTA _	_see EMS report	_cervical co	ollar
backbo	ard		X///_	
CHIEF C	OMPLAINT _		+	
occurred			170	
lost co	nsciousness			
INJURIES	i	Rt	1	hip thigh knee
8	neck		shoulde	hip /
face	back	arm thigh elbow knee	arm	thigh
nose mouth	chest abdomen	forearm leg	forearm	leg
	COCCYX	wrist ankle		ankle
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-			12	/-\
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fall			// stab woun	d_/
hit by v	vheelchair	burn		/
		indu:		·
SAFETY	•		/	
none	helmet	safety glasses	walking at	scene
VITALS	time:	RR	Wt/	lbs/Kg
BP	_/ P	RR ·	Γ	OrAx
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ALLERO	IES _NKD	A / PCN / ASA / s	ulfa / latex	
Allergic F	Reaction			
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		/ diabetes/ insulin		
past su	rgeries none_	/		
smoke	r / drugs / alcoh	iol		
TB ex	oosure / sympto	oms		
has be	en physically hu	rt or threatened b	y someone cl	ose
LMP	G Par	aAB	pregnant / p	ostmenopausal
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FALL RISK EVALUAT									
2() History of Fall in la									
	/ lack of safety awareness								
! () Impaired galt									
2 () Agitation									
1 () Difficulty getting to bathroom in time									
I()Dizziness / Vertigo									
Score greater than or equ	al to 2 required Fall Warning Interventions								
TIME TO ROOM:									
INITIAL ASSESSMI	ENT TIME: ROOM:								
<i>f</i>									
GENERAL APPEARAN no acute distress	cervical collar / back board in place								
alert	mild / moderate / severe distress								
aler t	anxious / decreased LOC								
FUNCTIONAL / NUTRIT									
appears well nourished	obese / malnourished								
independent ADL	_assisted / total care								
RESPIRATORY									
_no resp distress	mild / moderate / severe distress								
nl breath snds	wheezing / crackles / stridor								
0.40	decreased breath sounds								
CVS regular rate	tachycardia / bradycardia / irregular								
regular race pulses strong	pulse deficit								
puises strong skin warm & dry	cool / diaphoretic								
	pale / cyanotic								
NEURO									
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NECK / BACK	maa / deriver mjer /								
no evidence of trauma	laceration / abrasion / swelling								
non-tender	tenderness								
ABDOMEN \									
nl inspection	tenderness / guarding / rebound								
non-tender \	blood at urethral meatus								
bowel sounds present									
EXTREMITIES \									
no evidence of thauma	laceration / abrasion								
non-tender	tenderness / swelling								
moves all extremities	limited ROM								
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NURSING

Nurse Signature _

RN Signature

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General Continuation Sheet - 11

© 2001-2003 T-Syste. 2. Circle or check affirmatives, backslash (1) negatives. Lake Hospital System **EMERGENCY NURSING RECORD General Continuation Sheet** SECONDARY ASSESSMENT TIME: ROOM **ACTIONS / PROCEDURES** TIME INIT **GENERAL APPEARANCE** 0, __mild / moderate / severe distress_ _no acute distress __alert __anxious / decreased LOC_ T∦ ventilator FIO rate RESPIRATORY _no resp distress mild / moderate / severe distress __nl breath snds _wheezing / crackles / stridor_ decreased breath sounds cardioversion CPR CVS _regular rate _tachycardia / bradycardjá / irregular_ __pulses strong _pulse deficit_ peritøneal lavage _skin warm & dry cool / diaphoretic _pale / cyanotic_ **NEURO** KAVAGE __oriented x 3_disoriented to person / place / time_ irrigated __PERRL confused_ return _pupils unequal_ __weakness / sensory loss_ central line placed __contractions_ chest tube HEENT __nl eye inspection __scalp tenderness / laceration_ __nl ENT inspection scleral icterus / pale / red conjunctivae _nasal drainage_ epistaxis. ABDOMEN __nl inspection IV's established see IV record _tenderness / guarding / rebound non-tender _blood at urethral meatu\ _bowel sounds present restraints see documentation **EXTREMITIES** _non-tender calf tenderness _no pedal edema _pedal edema moves all extremities **IV RECORD** ADDITIONAL FINDINGS Time Solution Site Rate D/C INIT gauge amt in

Form # NN11

NURSING



Lake Hospital System, Inc.

Outpatient Lab Report

Lake West Hospital 3600 Euclid Ave. Willoughby, OH 44094

10 E. Washington St.

Painesville, OH 44077

illoughby, OH 44094 Madison, OH 44057

Lake East Hospital Mentor Medical Campus

Madison Medical Campus

6270 North Ridge Rd.

9485 Mentor Ave.

Mentor, OH 44060

Tyler Blvd Walk-In Care Center 7956 Tyler Blvd. Mentor, OH 44060

Lake Willowick Urgent Care Center 30498 Lake shore Blvd. Willowick, OH 44094 MR#: 936243 I

LOC: WIL

COXON, JOSEPH

ACCT#: 0424600967 BD: 10/11/1975

PHYS:SMITH, ROBERT P. M.D.

ER, DOCTOR

H2290 COLL: 09/02/2004 17:19 REC: 09/02/2004 17:43 PHYS: SMITH, ROBERT P

COPY FOR:

STAT URINE DRUG SCREEN THC NEGATIVE STAT NEGATIVE STAT STAT PROPOXYPHENE NEGATIVE STAT METHADONE NEGATIVE COCAINE METABOL NEGATIVE STAT BENZODIAZEPINE NEGATIVE STAT PCP NEGATIVE STAT STAT OPIATE NEGATIVE AMPHETAMINE/ECS NEGATIVE STAT BARBITURATE NEGATIVE STAT PHENOTHIAZINE S NEGATIVE STAT COMMENT STAT

These Toxicological Screening Tests provide unconfirmed qualitative measurements to aid in treatment and diagnosis in cases of drug use or overdose. A positive result does not indicate or measure intoxication. For specific test performance or pathologist consultation, please contact the Laboratory.

H2257 COLL: 09/02/2004 17:00 REC: 09/02/2004 17:02 PHYS: SMITH, ROBERT P

COPY FOR:

ALCOHOL (ETHYL)

<0.010

* [0-0]

GM/DL

COXON, JOSEPH

SMITH, ROBERT P. M.D ER, DOCTOR

1

END OF REPORT

09/03/2004 01:00

LAKE HOSPITAL SYSTEM PATIENT CONSENT FORM (Page 1 of 2)

Pt: COXON, JOSEPH Acct:0424600967 Unit #: 936243 BD:10/11/75 28Y Dr:ER,DOCTOR Sex: M ADM DATE: 09/02/04 WER

REQUEST FOR GENERAL TREATMENT

I request and authorize Lake Hospital System, its employees, my physician and other physicians or allied health professionals as are necessary to provide emergency, outpatient and/or general hospital treatment and care. Further, I authorize the hospital and my physician(s) to permit the presence of observers in my treatment as deemed necessary.

AUTHORIZATION TO RELEASE INFORMATION

Lauthorize Lake Hospital System, Anesthesia Associates, Drs. Hill & Thomas, Drs. Hill & Chapnick, EKG Associates, Lake Emergency Services ("Hospital-Based Physicians"), and other interpreting physicians involved in my care to release any medical records or medical information necessary to file an insurance claim, to perform quality and utilization assessments, and to release any medical information which may be requested by or

my insurance carrier or agencies on their behalf. I authorize the release to other health organizations and/or professionals such medical information deemed necessary to ensure continuity and quality of care in the event of my transfer to another institution. Further, I authorize release of medical information to a quality assurance of peer review committee or organization, compliance audits, research, marketing, Department of Health, federal and/or state agencies
I wish to receive information about other Lake Hospital System programs.
I wish to be included in the daily patient list. Yes □ No
I wish to be included in the daily patient list. Yes No I wish to be included in the clergy census. Yes No
ASSIGNMENT OF BENEFITS
In consideration of medical services to be received for this admission, I assign to Lake Hospital System or any Hospital-Based Physician, as applicable, all, including Title XVIII of Social Security Administration, other benefits herein specified. This assignment shall be irrevocable.
GUARANTEE OF ACCOUNT
I guarantee payment of any and all hospital or Hospital-Based Physician charges not covered by insurance or this assignment, including court costs, if appropriate.
ACKNOWLEDGMENT OF RECEIPT OF MEDICARE/CHAMPUS INFORMATION
I acknowledge that if I am a Medicare and/or CHAMPUS beneficiary, I have been provided with a notice from Medicare and/or CHAMPUS, regarding my rights as a Medicare and/or CHAMPUS hospital patient.
PATIENT RIGHTS
I acknowledge that I have received a copy of "Patients Rights and Responsibilities". — Yes — No
PATIENT PRIVACY
I acknowledge that I have received a copy of "The Notice of Privacy Practices." Yes 🗆 No
0203-4812

LAKE HOSPITAL SYSTEM PATIENT CONSENT FORM (Page 2 of 2)

PERSONAL CHOICES	
I have an Advance Directive - Living Will I have a Durable Power of Attorney for Health Care I am an Organ Donor	O Yes O No O Yes O No
PATIENT BELONGINGS	
Patients are responsible for all money and valuables radmission or outpatient visit. The hospital is not responsible including but not limited to money, jewelry, dentures, hearing	le and accepts no liability for retained belongings
OBSTETRICS	
This consent covers this visit/admission and any subs	equent visit/admission relating to this pregnancy.
SERIES	
This consent covers this visit and any subsequent visi	t related to this encounter.
NON-COVERED SERVICES OR EQUIPMENT	
Check Insurance Type: Medicare	Kaiser Other
I understand that the service(s) or equipment checked insurance carrier including Medicare. Because this service personally responsible for payment.	I below are considered to be non-covered by my e/equipment is non-covered, I realize that I will be
	Durable Medical Equipment Mammograms (beyond limitations of coverage)
HAVE REVIEWED AND CONSENT TO ALL APPLICAB UNDERSTAND THE NATURE OF THIS CONSENT AND	IT IS REVOCABLE AT ANY TIME.
Signature F Witness to the above signature:	Relationship to Patient:
Grievance Process: Should you experience dissatisfa patient you may call (440) 953-6265 or ext. 6265 to repo	ction with your care or services while you are a ort your concerns. You will be contacted and

follow-up on your concerns will occur.

0203-4812

Lake West Hospital System - Emergency Department 36000 Euclid Avenue Willoughby, OH 44094 (440) 953-6003

Patient: JOSEPH COXON, Date: 09/02/2004 Time: 18:20

M.R. #: 936243 Visit #:0424600967

· any new or severe symptoms.

HYPOGLYCEMIA (Low Blood Suger, Insulin Reaction).

Today your blood sugar was **too low**. Low blood sugar may be caused by having too much insulin in your body compared to the food you have eaten. It can also be caused by exercising more than your usual amount. Hypoglycemia can start quickly.

Do the following:

- · It is important to balance your activity, food and insulin.
- See your doctor. Tell your doctor about this visit, and any other times you
 have had low blood sugar.
- Watch for symptoms of hypoglycemia. They include:
 - hunger
 - weakness
 - light-headedness
 - shakiness and confusion
- If you feel these symptoms, drink some juice or eat some candy. Keep candy with you at all times.

Call your doctor if you have:

· any new or severe symptoms.

YOU ARE THE MOST IMPORTANT FACTOR IN YOUR RECOVERY.

Follow the above instructions carefully. Take your medicines as prescribed. Most important, see a doctor again as discussed. If you have problems that we have not discussed, **call or visit your doctor right away**. If you cannot reach your doctor, return to the Emergency Department.

"I have received this information and my questions have been answered. I have discussed any challenges I see with this plan with

the nurse or physician."

JOSEPH COXON of Responsible Person

JOSEPH COXON or Responsible Person has received this information and tells me that all garestions have been answered.

Caregiver

CA I hestole

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Lake West Hospital System - Emergency Department 36000 Euclid Avenue Willoughby, OH 44094 (440) 953-6003

Patient: JOSEPH COXON, Date: 09/02/2004 Time: 18:20

M.R. #: 936243 Visit #:0424600967

Discharge Instructions

No

IMPORTANT: We examined and treated you today on an emergency basis only. This was not a substitute for, or an effort to provide, complete medical care. In most cases, you must let your doctor check you again. Tell your doctor about any new or lasting problems. We cannot recognize and treat all injuries or illnesses in one Emergency Department visit. If you had special tests, such as EKG's or X-rays, we will review them again within 24 hours. We will call you if there are any new suggestions. After you leave, you should follow the instructions below.

You were treated today by Robert Smith, M.D..

THIS INFORMATION IS ABOUT YOUR FOLLOW UP CARE

Call as soon as possible to make an appointment to see DR.SCHEAN in 2 days. You can reach your doctor by calling their office phone number.

SPECIAL INFORMATION

WATCH GLUCOSE LEVELS CLOSELY.

************************* OK TO USE INSULIN WHILE IN JAIL IF NEEDED FOR COVERAGE. PATIENT SHOULD MAINTAIN MEALS AND SNACKS USING DIABETIC DIET. PATIENT NEEDS BLOOD SUGAR TESTED AND CAN HAVE GLUCOSSE MACHINE BROUGHT TO JAIL IF NEEDED TO GET BLOOD SUGAR READINGS.********

THIS INFORMATION IS ABOUT YOUR DIAGNOSIS CONJUNCTIVITIS (Pinkeye).

This is an infection in the sac between your eye and eyelid. It is contagious (you can spread it to another person).

Follow these instructions:

- Use your own towel and do not let others use tissues or towels you have used
- · Wash your hands often with soap and water.
- Apply cool wet packs over your eye for comfort:
 - · wet a clean washcloth with cold water.
 - Put the wet washcloth over your eye for 15 to 20 minutes every few hours.
- Use the medicine exactly as prescribed. Do not share the medicine with others.
- · Avoid touching your eyes with your fingers.

Call your doctor if:

- you have eye pain.
- · you have trouble with your vision.
- you are not better in 2 days.
- · you are not completely well in 1 week.
- · you have any new or severe symptoms.

CONTUSIONS (Bruises).

Contusions are an injury to a body part caused by a blunt object. The force of the injury breaks some of the tiny blood vessels in and under the skin. Leaking blood from these broken vessels causes the swelling and the blue color. As the bruise heals, the swelling will go away. The bruise will change as the blood is washed away from the inside. Its color will change from blue

to yellow-green and later to a faint brown. It should disappear completely in about 3 weeks.

Do the following:

- Apply ice packs. These help keep the swelling down in the first 2 days after an injury. After that, it should get steadily better.
- · After 2 days, use warm packs. That will help the injury heal faster.

Call your doctor if you have:

- increased pain or swelling.
- fever.
- · pain lasting longer than 1 week.
- any new or severe symptoms.

ALTERED MENTAL STATUS

You have shown some signs of confusion. Many things can cause a person to be confused. It will be important to identify the cause of this symptom. Some kinds of confusion clear up on their own, but others require special treatment.

Follow these instructions:

- Have someone stay with you to help you until your doctor says otherwise.
- Do not drink alcohol.
- Do not take medicines that your doctor has not prescribed.
- Do not drive or use machinery until your doctor says it is okay.

Tips for family members or caregivers:

These tips are for JOSEPH's family and/or support people who will need to become part of JOSEPH's care and supervision to insure a safe environment:

- Consider the safety of all objects in the immediate surrounding. Examine
 each room for hazards. It is possible for a person to mix up the purpose of
 any two articles when confused.
- Use locks or devices to control opening drawers and cupboards that contain hazardous articles etc.
- Remove hazardous materials (cleaning materials, paint, etc.) from easy access without supervision.
- · Reduce clutter in the environment.
- · Do not leave JOSEPH alone without supervision.
- Remove sharp utensils that could be reached without supervision.
- · Control access to the kitchen cooking appliances.
- Install alarms to alert you to hazards (fire, smoke and motion detectors) to alert you. Consider motion detectors on exterior doors if JOSEPH wanders at night.
- Install light sensors that will cause your room lights to go on automatically when a person walks into a room. This will help JOSEPH avoid a trip and fall if walking into a dark room.
- Use things to orient JOSEPH to person, place and time such as calendars, names, pictures etc.
- Do not rearrange the environment often. Keep things familiar and close at hand. If JOSEPH can see an item it will help him or her remember it.
- Set a routine. This helps with memory.

If the altered mental status, or confusion, is long-term, remember to take care of yourself and rest. Use respite providers in the community that can come in and give you an opportunity to relax and get out without constantly supervising JOSEPH. You need this time for your own health.

Call your doctor or have a family member call the doctor if you have:

worsening confusion.

12/05/01 1953 LAY HOSPITAL SYSTEM, INC Imission Summary Admit Dt: 12/05/01 Room-Bed: Dschrgd Acct #: 0133900701 Admit Time: 16:41 Baby ID: Unit #: 936243 Loc: WIL Service: MED Patient: COXON, JOSEPH City: MENTOR State: OH Zip: 44060 Street: 8120 DEEPWOOD Telephone: (440)255-0449 Birthdate: 10/11/75 Age 26Y SSN: 302-74-3160 Sex: M Marital: S Church: Race: Adm Source: 7 Adm Type: 1 Smoker: Publicity: Adv Dir: Organ Donor: 9152 CHILLICOTHE RD ОН Employer: 00428 KIRTLAND BD.OF EDUC KIRTLAND Adm Phy: 914 CUA, WARREN G Att Phy: 1403 DAHER, ANTHONY Adm Dx: LOW BS Adm Com: 914 CUA, WARREN G ER Phy: Sur Dx: PC Phy: Accident Information: Accident Type: Relationship: PARENT Relative Name: COXON, CONNIE Home Phone: (440)593-3063 Work Phone: Relative Name: Relationship: Home Phone: Work Phone: Primary Insured: COXON, JOSEPH Relationship: City: St: Zip: Street: Telephone: SSN: Empl Phone: Employer: Primary Insurance: SELF PAY Cert/SSN: Thru: Group #: Verifying Agency Name: Contact: Cont Phone: Mail To: Auth #: . St: Street: City: Zip: Benefit Phone: Ext: Secondary Insured: Relationship: Street: City: St: Zip: Empl Phone: Telephone: SSN: Employer: Secondary Insurance: Group #: Cert/SSN: Thru: Verifying Agency Name: Contact: Cont Phone: Mail To: Auth #: City: Street: St: Zip: Benefit Phone: Ext: Admitted By: CSZ Referring Phys: Preadmitted By: CSZ Previous Discharge Date: 12/05/01 18:15 Old MR#: Legal Disposition: FC: SP CRT ID: ERC Discharge Date/Time: 12/05/01 18:15 Discharged To: IMP Discharge Dx: Visit Check-In Areas:

WIL

END-OF-REPORT

0017

LAKE HOSPITAL SYSTEM

PHYSICIAN ORDER SHEET **EMERGENCY DEPARTMENT**

REGULAR MD/CLINIC _

DICTATION WITH THIS CHART?

ALLER	GIES: NONE			DICTATION WITH THIS CHART? YES NO
TIME ORDERED	PHYSICIAN ORDERS (CIRCLE)	SEC	NURSE	PHYSICIAN NOTES
	OLD RECORDS OLD EKG'S		Will	
	CBC BMP CMP PT/PTT		3e7	
	PREG ETOH DIG URINE TOX			
	AMYLASE LIPASE HEPATIC PANEL			
	СРК НСС			
	EKG ABG on % by RT MD/PA		1~	
-	BLD C&S X URINE DIP UA CAS	O	8	
7788	STREP SCREEN (Rapid) STREP CULTURE		,	LAB RESULTS:
	CXR PA & Lat CXR Port ABD Series			
	C-SPINE TRAUMA C-SPINE ROUTINE			
	CT SCAN OF Reason			EKG INTERPRETATION:
	XRAY OTHER			
	PSYCH EVAL RESTRAINHRS			X-RAY INTERPRETATION:
	LEATHER SOFT VEST			
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				CONDITION ON DISCHARGE/TRANSFER:
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			L. Carrier	
0400-4	1750	L		

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Lake Hospital System

Page 1 of 2

EMERGENCY PHYSICIAN RECORD

Altered Mental Status (5)
TIME SEEN: 1640 ROOM: 15 CEMS Arrival
HISTORIAN: patient spouse paramedics
HX / EXAM LIMITED BY:
HPI chief complaint: Decreased Mental Status & Confusion tow Blood Sugar, / Diabetic Fever
started: P/Agradual-onset
sudden-anset intermittent
_gone nowbettercontinues in EDconstant
character of altered mental status:
disoriented confused agitated trouble concentrating unresponsive decreased responsiveness, seizure activity
un esponsive decreased responsive
toynd at Morkong
cot al worked
context:
nursing home resident / chronic dementia
found unresponsive / unknown duration
by nursing home staff family: dextrostick low PTA (25) given D50 Narcan PTA
good/marginal/no response
_recent / heavy alcohol intake (beer / wine / liquor)
last drink:drug abuse / overdose
Usually- alert, oriented x3alert but confused
alert but disoriented to timepoor alertness
associated neuro symptoms:
• RUE RLE LUE LLE R/L facial general (diffuse)
altered sensation
● RUE RLE LUE LLE R/L facial
falling / decreased ability to stand/walk
weak difficult off balance cannot walk cannot stand
involuntary movements / seizure activity
Usually- walks w/o assistanceuses wheelchair
uses a cane / walkerstands for transfers walks only w/ assistancebed-ridden
unable to walkunable to sit up
Similar symptoms previously
:
Recently seen/treated by doctor

COXON, JOSEPH
Acct:0133900701 Unit #: 936243
BD:10/11/75 26Y Sex: M
Dr:DAHER, ANTHONY
ADM DATE: 12/05/01 WER

IEURO _headache	sore th	w/ vision
	sore th	
VEURO _headache		roat
_headache	trouble	swallowing
_headache		
	GI and GL	J
	nausea	
head injury		ığ
dizziness	abdomi	inal pain
		a
CHEST	black/h	loody stools
_chest pain		urinating
palpitations		
cough	SKIN & 11	MPH & MS
sputum		sh / swelling
trouble breathing		
	hack /	ain neck pain
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ENDOCRINE (if diabetic)change in diet / activity / insulin	[](a)	ms neg. except as marked
change in diec / activity / insulin	deran system	no neg. except as marked
	angina	/ Pix / CHF
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diabetee insulin oral / diet seizure disorder stroke / TIA hepatitis / kirrhosis other problems Surgeries: CABG pacemaker Medications none // see nurs		Allergies NKDA

	Service Commence	The state of the s
Mursing Assessen	nent Reviewed	COXON, JOSEPH
DHYCICAL TOAL	, HR, RR, Temp reviewed.	:0133900701 Unit #: 936243
PHISICAL EXAIV	Alert _Lethargic _Obtunded	BD:10/11/75 26Y Sex: M
Distress- NAD	mildmoderatesevereSeizing / Apneic	Dr:DAHER, ANTHONY
		ADM DATE: 12/05/01 WER
HEENT	scleral icterus / pale conjunctivae.	
	depred on reflex /	-
ENT inspectn nm		· ·
pharynx nml	M erythema/dullness/blood	LADO VDAVO
airway intact	tenderness/swelling/echymosis	7
<i>&</i>		EKG MONITOR STRIP NSR Rate
NEURO/PSYCH		market production of the second secon
	_abnormal response to commands	EKG NML Interp. by me. Reviewed by me Rate
higher functions	no response eyes open slow inappropriate	NSRnml intervalsnml axisnml QRSnml ST/T
alert	, , , , and and mappropriate	
oriented x3	_abnormal response to pain	not / changed from:
mood/affect nml	abiliormal response to pain	
ood/uncechian	withdraws flexor extensor none	CXR Interp. by me Reviewed by me Discsd w/radiologist
		nml/NADno infiltratesnml heart sizenml mediastinum
		1997
	aphasic expressive / receptive	not / changed from:
	disoriented to time/place/person	CBC Chamietries
	prace / person	AHG'S AHG'S
		normal except normal except time: normal except
cranial nerves-	facial palsy (R/L)	Wac Sinc / S
normal as tested	forehead: involved spared	TIPD BIN 2°C LU/ RA
pupils equal,	tongue deviceien (+ 0 (1))	Hct Creat / pH RBC's
round, and	_tongue deviation (to R / L)	Platelets Na 39 pCO2 bacteria din
	EOM palsy	segs K 2 PO2 dip:
reactive	unequal pupils	segs K_D-7 poz
∠EOM's intact	R pupilmm L pupilmm	bandsCI_/OO PULSE OX
. **	abnormal funduscopic / papilledema	lymphs CO2 28 time: 1 H 8 3
	abriormar funduscopic / papilledema	monos Anion Gap // % sat
		Head CTnml
cerebellar-	abnormal Romberg / gait / finger-nose test	
normal as tested	romormal (tolliberg / gait / finger-nose test	
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po motor deficit	, "The state of a practical and a practical and a state of a practical and a pract	Intubated by ED Physician pre-payagenated
no sensory deficit		Intubated by ED Physician pre-oxygenated
reflexes nml		versed / valium / ativanpavulonsuccinyl cholinevecuronium
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	altered light-touch / pin-prick / 2-pt discrimin.	position confind on CXR
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		Course in ED
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Reflexes		
BIFOIC		
NECK	cerv. lymphadenopathy	
supple	stiff neck / meningismus	Discussed with Dr
non-tender	carotid bruit	
<i></i>	carocid bidit	
		Counseled patient / family regarding:Prior records ordered
RESPIRATORY	resp. distress	
no resp. distress	wheezing	
breath sounds nml	rales / rhonchi	Rx givenAdmit orders written family caretaker paramedics
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		OLIMICAL IMPAESSION:
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		- To The state of
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	gallop (S3 / S4)	Hypernatremia / Hyponatremia CVA (Stroke) / T. I. A.
	decreased pulse(s)	Volume Depletion Sepsis / Meningitis / Encephalitis
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ABDOMEN	guarding	Alconol Intoxication Hepatic Encephalopathy
<u>i∕</u> ngn-tender	hepatomegaly / splenomegaly / mass	La Del I
no organomegaly	- , , , , , , , , , , , , , , , , , , ,	
	cyanosis / diaphoresis / pallor	DISPOSITION- home admitted transfepred
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_warm, dry		CONDITION- unchanged improved stable
EXTREMITIES		<i>y</i>
	pedal edema	
_pon_tender		
∠ŋørmal ROM	tenderness	
no pedal edema		
Altered Mental Status-45		

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0200-4880

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Pt: COXON, JOSEPH Acct:0133900701 BD:10/11/75 Unit #: 936243 26Y Sex: M

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Lake Hospital System Emergency Department Dipstick Urine Test Results

Time:	7	EL) Bed #		Date_		
- ,							
Specific Gravity	1.000	1.005	1.010	1.019	1.020	1.025	1.030
Ph	5	6	7	8	9		
Leukocytes	NEG)	Trace	+	++			
Nitrite	NEG	POS					
Protein	NEG	Trace	30)	100	500	- Anna Anna Anna Anna Anna Anna Anna Ann	
Glucose	NORM		50	100	250	500	1000
Ketones	NEG	Small	MOD	LG			
Urobilinogen_(NORM		1	4	8	12	
Bilirubin	NEG	so f ee.	++	+++			
Blood	NEG	5-10	50	About 250			
Hemoglobin \	NEG	10	50	250			
7/2		,		***************************************	•	•	***************************************

0200-4737



* 8.3

Outpatient Lab Report

Lake West Hospital 36000 Euclid Ave. Willoughby OH 44094

Lake East Hospital 10 E. Washington St. Painesville, OH 44077

ANION GAP

TOTAL CALCIUM

Madison Medical Campus 6270 North Ridge Rd. Madison, OH 44057

Mentor Medical Campus 9485 Mentor Ave. Mentor, OH 44060 Lake Mentor Urgent Care Center 6965 Center St. Mentor, OH 44060

Lake Willowick Urgent Care Center 30498 Lake Shore Blvd. Willowick, OH 44094

MR#: 936243 COXON, JOSEPH

[0-16] [8.5-10.4]

ACCT#: 0133900701 BD: 10/11/1975

PHYS: DAHER, ANTHONY MD CUA, WARREN

MMOL/L

MG/DL

STAT

STAT

LOC: WIL

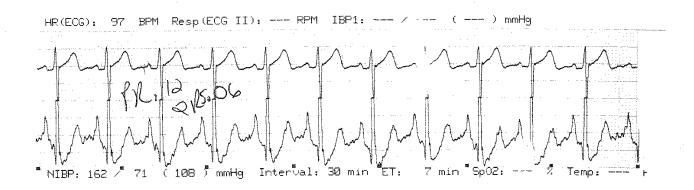
W8747 COLL: 12/05/2001	UNK REC:	12/05/2001 17	:06 PHYS: DAHER,	YNOHTNA	M
BASIC METABOLIC PAN					STAT
GLUCOSE *	126		[70-105]	MG/DL	STAT
UREA NITROGEN	15		[8-25]	MG/DL	STAT
CREATININE	1.1		[0.9-1.6]	MG/DL	STAT
BUN/CREAT. RATI	13.6		[8-21]	RATIO	STAT
SODIUM	139		[138-146]	MMOL/L	STAT
POTASSIUM *	3.6		[3.8-5.1]	MMOL/L	STAT
	100		[97-107]	MMOL/L	STAT
CARRON DIOXIDE	28		[24-31]	MMOL/L	STAT

COXON, JOSEPH

DAHER, ANTHONY MD END OF REPORT

PAGE 1 12/06/2001 01:01

Pt: COXON, JOSEPH Acct:0133900701 Unit #: 936243 BD:10/11/75 26Y Sex: M Dr:DAHER, ANTHONY ADM DATE: 12/05/01 WER





Lake West Hospital 36000 Euclid Ave. Willoughby OH 44094

Lake East Hospital 10 E. Washington St. Painesville, OH 44077 Madison Medical Campus 6270 North Ridge Rd. Madison, OH 44057

Mentor Medical Campus 9485 Mentor Ave. Mentor, OH 44060

Lake Mentor Urgent Care Center 6965 Center St. Mentor, OH 44060

Lake Willowick Urgent Care Center 30498 Lake Shore Blvd. Willowick, OH 44094

Outpatient Lab Report

LOC: WIL

MR#: 936243

COXON, JOSEPH

ACCT#: 0133900701 BD: 10/11/1975

M PHYS: DAHER, ANTHONY MD

CUA, WARREN

REC: 12/05/2001 17:06 PHYS: DAHER, ANTHONY M W8747 COLL: 12/05/2001 UNK

BASIC METABOLIC PAN					STAT
GLUCOSE	*	126	[70-105]	MG/DL	STAT
UREA NITROGEN		15	[8-25]	MG/DL	STAT
CREATININE		1.1	[0.9-1.6]	MG/DL	STAT
BUN/CREAT. RATI		13.6	[8-21]	RATIO	STAT
SODIUM		139	[138-146]	$\mathtt{MMOL/L}$	STAT
POTASSIUM	*	3.6	[3.8-5.1]	MMOL/L	STAT
CHLORIDE		100	[97-107]	MMOL/L	STAT
CARBON DIOXIDE		28	[24-31]	MMOL/L	STAT
ANION GAP		11	[0-16]	MMOL/L	STAT
TOTAL CALCIUM	*	8.3	[8.5-10.4]	MG/DL	STAT

COXON, JOSEPH

DAHER, ANTHONY MD END OF REPORT

PAGE 1 12/06/2001 01:01

LAKE HOSPITAL SYSTEM PATIENT CONSENT FORM (Page 1 of 2)

Pt: COXON, JOSEPH Acct:0133900701 BD:10/11/75 Dr:DAHER, ANTHONY ADM DATE: 12/05/01	#:	93624. Sex: 1	3
12/05/01	1	WER	

REQUEST FOR GENERAL TREATMENT

I request and authorize Lake Hospital System, its employees, my physician and other physicians or allied health professionals as are necessary to provide emergency, outpatient and/or general hospital treatment and care. Further, I authorize the hospital and my physician(s) to permit the presence of observers in my treatment as deemed necessary.

AUTHORIZATION TO RELEASE INFORMATION

I authorize Lake Hospital System to release any medical records or medical information necessary to file

eque organ care i qualit	surance claim, to perform quality and utilization assessments, and sted by my insurance carrier or agencies on their behalf. I author izations or professionals such medical information deemed neces in the event of my transfer to another institution. Further, I author y assurance or peer review committee or organization, compliance riment of Health, federal and/or state agencies	rize ssar ize r	the relea y to ens elease c	ase t ure of of me	o othe continu edical	r hea uity a inforr	ılth nd qua natior	ality (of
ı	wish to receive information about other Lake Hospital System pro-	ogra	ms.		Yes		No		
ASSI	GNMENT OF BENEFITS								
ncluc	n consideration of medical services to be received for this admiss ling Title XVII of Social Security Administration, other benefits her cable.	sion, rein	l assigr specified	n to L d. T	.ake H his as:	lospi signn	al Sys ent s	stem hall l	all, be
GUAI	RANTEE OF ACCOUNT								
	guarantee payment of any and all hospital charges not covered l costs, if appropriate.	by in	surance	or t	his as	signn	nent, i	nclud	ding
ACKI	NOWLEDGMENT OF RECEIPT OF MEDICARE/CHAMPUS INF	ORI	NOITAN	I					
from	acknowledge that if I am a Medicare and/or CHAMPUS benefici Medicare and/or CHAMPUS, regarding my rights as a Medicare a	ary, and/	I have b or CHAN	een IIPU	provid S hosp	ed w oital p	ith a n patient	otice t.	9
PATI	ENT RIGHTS								
	I acknowledge that I have received a copy of "Patients Rights ar	nd R	esponsi	bilitie	es".		Yes		Мo
PER:	SONAL CHOICES								
	I have an Advance Directive - Living Will I have a Durable Power of Attorney for Health Care I am an Organ Donor		Yes Yes Yes		No No No				

PATIENT BELONGINGS

Patients are responsible for all money and valuables retained in their possession during their hospital admission or outpatient visit. The hospital is not responsible and accepts no liability for retained belongings including but not limited to money, jewelry, dentures, hearing aids, eye glasses, or other prosthetic devices.

Patient Consent Form Request for General Treatment Page 2 of 2

OBSTETRICS

This consent of I authorize Lake Hos	overs this visit spital System	/admissio to release	n and any a birth an	subsequ nouncen	ent visit/adm nent to local	nission rela newspape	ating to this ers for public Yes	pregnancy. cation ☐ No	
NON-COVERED SE	ERVICES OR	EQUIPME	ENT						
Check Insura	nce Type:	☐ Med	icare	□ Ka	iser	Other	·		
I understand th insurance carrier ind personally responsil	cluding Medica	are. Beca	pment che ause this s	ecked be ervice/ed	low are cons quipment is r	idered to l ion-covere	be non-cov ed, I realize	ered by my that I will be	
· · · · · ·	priate servic Cardiac Reh Pulmonary F	ab Phase			Durable Med Mammogran			of coverage)
I HAVE REVIEWED UNDERSTAND TH	AND CONSI E NATURE O	ENT TO A F THIS C	LL APPLI ONSENT /	CABLE (CLAUSES B S REVOCAE	Y SIGNIN BLE AT AN	IG BELOW NY TIME.	. 1	
Signature	7)	R	elationship to	Patient:_			
Witness to the above	e signature: _			<u> </u>	70	Da	te:/_		
Grievance Process patient you may ca follow-up on your	all (440) 953-6	3265 or ex	nce dissa tt. 6265 to	tisfaction report	on with your your concer	care or s ns. You v	ervices wh will be con	nile you are a tacted and	1
0601-4812									
Pt: COXON, JOSEPI Acct:0133900701 BD:10/11/75 DF:DAHER, ANTHONY ADM DATE: 12/05/0	H Unit #: 9362 26y Sex:	43 M			920 g	to July 44	J 15 50	, ul	

Lake West Hospital System - Emergency partment 36000 Euclid Avenue Willoughby, OH 44094

(440) 953-6003

Patient: JOSEPH COXON, Date: 12/05/2001 Time: 18:12

M.R. #: 936243 Visit #:0133900701

Discharge Instructions

No

IMPORTANT: We examined and treated you today on an emergency basis only. This was not a substitute for, or an effort to provide, complete medical care. In most cases, you must let your doctor check you again. Tell your doctor about any new or lasting problems. We cannot recognize and treat all injuries or illnesses in one Emergency Department visit. If you had special tests, such as EKG's or X-rays, we will review them again within 24 hours. We will call you if there are any new suggestions. After you leave, you should follow the instructions below.

You were treated today by Warren Cua, M.D..

THIS INFORMATION IS ABOUT YOUR FOLLOW UP CARE

Call as soon as possible to make an appointment in 1 day to see Not Applicable,

. You can reach Not Applicable at (440) 953-6003, . If you have any problems before this appointment, call the office.

THIS INFORMATION IS ABOUT YOUR DIAGNOSIS

HYPOGLYCEMIA (Low Blood Suger, Insulin Reaction).

Today your blood sugar was **too low**. Low blood sugar may be caused by having too much insulin in your body compared to the food you have eaten. It can also be caused by exercising more than your usual amount. Hypoglycemia can start quickly.

Do the following:

- · It is important to balance your activity, food and insulin.
- See your doctor. Tell your doctor about this visit, and any other times you
 have had low blood sugar.
- Watch for symptoms of hypoglycemia. They include:
 - hunger
 - weakness
 - light-headedness
 - · shakiness and confusion
- If you feel these symptoms, drink some juice or eat some candy. Keep candy with you at all times.

Call your doctor if you have:

· any new or severe symptoms.

YOU ARE THE MOST IMPORTANT FACTOR IN YOUR RECOVERY.

Follow the above instructions carefully. Take your medicines as prescribed. Most important, see a doctor again as discussed. If you have problems that we have not discussed, **call or visit your doctor right away**. If you cannot reach your doctor, return to the Emergency Department.

"I have received this information and my questions have been answered. I have discussed any challenges I see with this plan with the nurse or physician."

JOSEPH	COXON or	Responsible	Persor

JOSEPH COXON or Responsible Person has received this information and tells me that all questions have been answered.

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LAKE HOSPITAL SYSTEM XR Humerus Right Min 2 Views Results Report

Pt Name:

COXON, JOSEPH

MRN:

936243

Pt ID: DOB: 2007345015

10/11/1975

Age/Sex 33Y/M

Allergies:

Not Assessed

Order Name:

Result Name:

XR Humerus Right Min 2 Views

Observation Dtime:

09/03/2004 18:37

Result Status:

Final Result

LAKE HOSPITAL SYSTEM RADIOLOGY REPORT

Patient Name: COXON, JOSEPH

Acct#: 0424701105

Unit#: 936243

AGE: 28 DOB: 10/11/1975 SEX: M

Exam Loc: O/P

Ck-in#: 1014872

Current Loc: WOP

Check-In Dt/Tm: 09/03/2004 18:37

Order Dt/Tm:

Report Release Dt/Tm: 09/06/2004 14:07

Ord: 0693 SILVERBLATT, JAMES

Att: 0693 SILVERBLATT, JAMES

Adm: 0693 SILVERBLATT, JAMES

ID # 2:

Deliver to:

SILVERBLATT, JAMES

ID #: 302743160

35010 CHARDON RD #101(440)946-4642

WILLOUGHBY HILL OH 44094

Chk-in # Order Exam

1014872 0001

7360 XR HUMERUS RT MIN 2V

Ord Diag: R/O FRACTURE

Technologist : FIFE, R

RIGHT HUMERUS 9/3/04

CLINICAL INFORMATION: ASSAULTED, RIGHT ARM PAIN, NECK PAIN

AP and lateral views of the right humerus were obtained. No acute fracture is identified. There is a surgical screw and wire stabilizing an old olecranon fracture. No soft tissue abnormalities are seen.

CERVICAL SPINE

Eight views of the cervical spine were obtained. No fracture is identified. Alignment is satisfactory. Vertebral body heights and disc space is maintained. There is no prevertebral soft tissue swelling.

IMPRESSION: NEGATIVE RIGHT HUMERUS. NEGATIVE CERVICAL SPINE.

AS/lc

Pt Name: COXON, JOSEPH

MRN: 936243

Page 1 of 3

XR Humerus Right Min 2 Views Results Report ORE_0126.rpt;Version 1.00 Printed By: Echols-Richardson, Kim Printed: 2/24/2009 11:45:49AM

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LAKE HOSPITAL SYSTEM XR Humerus Right Min 2 Views Results Report

Pt Name:

Pt ID:

DOB:

COXON, JOSEPH

10/11/1975

2007345015

MRN: 936243

Age/Sex 33Y/M

Allergies:

Not Assessed

Order Name: Result Name:

XR Humerus Right Min 2 Views

Observation Dtime:

09/03/2004 18:37

Result Status:

Final Result

/READ BY/ 1345 SCHARF, AND

/Released By/ 0711 ADRIAN G KRUDY, Radiologi

CWIOK, LINDA L

Original Trans. Start Dt/Tm: 09/06/2004 06:37 The radiologist noted as RELEASED BY may not be the radiologist who interpreted the films. This radiologist may only be releasing the report for printing according to hospital protocol.

Report Produced by Conversion From Star

Pt Name: COXON, JOSEPH

MRN: 936243

Page 2 of 3

XR Humerus Right Min 2 Views Results Report ORE_0126.rpt;Version 1.00 Printed By: Echols-Richardson, Klm Printed: 2/24/2009 11:45:49AM



LAKE HOSPITAL SYSTEM XR Humerus Right Min 2 Views Results Report

Pt Name:

COXON, JOSEPH

Pt ID: DOB:

2007345015

10/11/1975

MRN:

936243

Age/Sex 33Y/M

Allergies:

Not Assessed

<u>Comments</u>

Result Comments:

Requisition Comments:

Ordering Dr:

Order Date/Time:

Ord#/Occurrence#: /

Pt Name: COXON, JOSEPH MRN: 936243

Page 3 of 3

XR Humerus Right Min 2 Views Results Report
ORE_0126.rpt;Version 1.00
Printed By: Echols-Richardson, Kim
Printed: 2/24/2009 11:45:49AM



LAKE HOSPITAL SYSTEM XR Spine Cervical Min 4 Views Results Report

Pt Name:

COXON, JOSEPH

2007345015

Pt ID: DOB:

10/11/1975

MRN:

936243

Age/Sex 33Y/M

Allergies:

Not Assessed

Order Name:

Result Name:

XR Spine Cervical Min 4 Views

Observation Dtime:

09/03/2004 18:37

Result Status:

Final Result

LAKE HOSPITAL SYSTEM RADIOLOGY REPORT

Patient Name: COXON, JOSEPH

Acct#: 0424701105

Unit#: 936243

AGE: 28 DOB: 10/11/1975 SEX: M

Exam Loc: O/P

Ck-in#: 1014872

Current Loc: WOP

Order Dt/Tm:

Check-In Dt/Tm: 09/03/2004 18:37

Report Release Dt/Tm: 09/06/2004 14:07

Ord: 0693 SILVERBLATT, JAMES

Att: 0693 SILVERBLATT, JAMES

Adm: 0693 SILVERBLATT, JAMES

ID # 2:

Deliver to:

ID #: 302743160 SILVERBLATT, JAMES

35010 CHARDON RD #101(440)946-4642

WILLOUGHBY HILL OH 44094

Chk-in # Order Exam 0001

7250 XR CERVICAL SPINE, MIN 4V

Ord Diag: R/O FRACTURE

Technologist : FIFE, R

1014872

RIGHT HUMERUS 9/3/04

CLINICAL INFORMATION: ASSAULTED, RIGHT ARM PAIN, NECK PAIN

AP and lateral views of the right humerus were obtained. No acute fracture is identified. There is a surgical screw and wire stabilizing an old olecranon fracture. No soft tissue abnormalities are seen.

CERVICAL SPINE

Eight views of the cervical spine were obtained. No fracture is identified. Alignment is satisfactory. Vertebral body heights and disc space is maintained. There is no prevertebral soft tissue swelling.

IMPRESSION: NEGATIVE RIGHT HUMERUS. NEGATIVE CERVICAL SPINE.

AS/1c

Pt Name: COXON, JOSEPH

MRN: 936243

Page 1 of 3

XR Spine Cervical Min 4 Views Results Report ORE_0126.rpt;Version 1.00 Printed By: Echols-Richardson, Kim Printed: 2/24/2009 11:46:25AM

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LAKE HOSPITAL SYSTEM XR Spine Cervical Min 4 Views Results Report

Pt Name:

COXON, JOSEPH

936243

Pt ID: DOB: 2007345015

10/11/1975

Age/Sex 33Y/M

MRN:

Allergies:

Not Assessed

Order Name: Result Name:

XR Spine Cervical Min 4 Views

Observation Dtime:

09/03/2004 18:37

Result Status:

Final Result

/READ BY/ 1345 SCHARF, AND

/Released By/ 0711 ADRIAN G KRUDY, Radiologi

CWIOK, LINDA L

Original Trans. Start Dt/Tm: 09/06/2004 06:37 The radiologist noted as RELEASED BY may not be the radiologist who interpreted the films. This radiologist may only be releasing the report for printing according to hospital protocol.

Report Produced by Conversion From Star

Pt Name: COXON, JOSEPH

MRN: 936243

Page 2 of 3

XR Spine Cervical Min 4 Views Results Report
ORE_0126.rpt;Version 1.00
Printed By: Echols-Richardson, Kim
Printed: 2/24/2009 11:46:25AM



LAKE HOSPITAL SYSTEM XR Spine Cervical Min 4 Views Results Report

Pt Name:

COXON, JOSEPH

Pt ID:

2007345015

MRN:

936243

DOB:

10/11/1975

Age/Sex 33Y/M

Allergies:

Not Assessed

Comments

Result Comments:

Requisition Comments:

Ordering Dr:

Order Date/Time:

Ord#/Occurrence#:

Pt Name: COXON, JOSEPH MRN: 936243

Page 3 of 3

XR Spine Cervical Min 4 Views Results Report
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Printed By: Echols-Richardson, Kim
Printed: 2/24/2009 11:46:25AM

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